PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			28					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			M minus 20=		* 8			X\$ 9=	n	OR	X\$18=	
INDEPENDENT CLAIMS			2 mi	inus 3 =	*0	* 0		X43=	-	OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0"					"0" in c	column 2		TOTAL	1457	OR	TOTAL	
CLAIMS AS AMENDED - PART II							OTHER THAN					
		(Column 1)		(Colun		(Column 3)	. ,	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- CL AINA	=		X43=		OR	X86=	
	FIRST PHESE	ENTATION OF MU	JLIIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL			TOTAL	
		(Column 1)	,	ADDIT. FEE] • · · /	ADDIT, FEE					
		CLAIMS		(Colun	EST	(Column 3)	lΓ		ADDI-	1		ADDI-
NTE		REMAINING AFTER AMENDMENT		NUME PREVIC PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT B	Total	*	Minus	**	<u> </u>	= .		X\$ 9= ;		OR	X\$18=	,
MEN	Independent	*	Minus	***		=		X43= ;		OR	X86=	
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╿	445	. :		200	
							L	+145= TOTAL	<u> </u>	OR	+290= TOTAL	
								ADDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	• !	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
٩	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		 -					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145≕		OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1.	